



OFFICE OF THE SECRETARY OF STATE

JESSE WHITE • Secretary of State

JANUARY 07, 2000

0036458-4

NATIONAL CORPORATE RESEARCH LT
1 W OLD STATE CAPITAL PLZ #805
SPRINGFIELD, IL 62701-0000

RE EZTEL NETWORK SERVICES, LLC

DEAR SIR OR MADAM:

IT IS OUR PLEASURE TO APPROVE YOUR REQUEST TO TRANSACT BUSINESS IN THE
STATE OF ILLINOIS. ENCLOSED PLEASE FIND AN APPROVED APPLICATION OF
ADMISSION.

THE LIMITED LIABILITY COMPANY MUST FILE AN ANNUAL REPORT PRIOR TO THE
FIRST DAY OF ITS ANNIVERSARY MONTH (MONTH OF QUALIFICATION) NEXT YEAR.
A PRE-PRINTED ANNUAL REPORT FORM WILL BE SENT TO THE REGISTERED AGENT AT
THE ADDRESS SHOWN ON THE RECORDS OF THIS OFFICE APPROXIMATELY 60 DAYS
PRIOR TO ITS ANNIVERSARY MONTH.

SINCERELY YOURS,

JESSE WHITE
SECRETARY OF STATE

DEPARTMENT OF BUSINESS SERVICES
LIMITED LIABILITY COMPANY DIVISION
TELEPHONE (217)524-8008

JW:LLC

OFFICIAL FILE

I.C.C. DOCKET NO. 00-0001ARR Exhibit No. 2

Witness _____

Date 2/15/00 Reporter [Signature]

Form LLC-45.5 January 1998 George H. Ryan Secretary of State Department of Business Services Limited Liability Company Division Room 358, Howlett Building Springfield, IL 62756 http://www.sos.state.il.us Payment must be made by certified check, cashier's check, Illinois attorney's C.P.A.'s check or money order, payable to "Secretary of State."	Illinois Limited Liability Company Act Application for Admission to Transact Business <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 80%;"> Must be handwritten This space for use by Secretary of State Date: 01 07 2000 Assigned File #: 00364564 Filing Fee: \$400.00 Penalty: LB Approved: </div>	This space for use by Secretary of State <div style="border: 1px solid black; padding: 10px; text-align: center;"> FILED JANUARY 7, 2000 LIMITED LIABILITY CO. DIV. JESSE WHITE SECRETARY OF STATE PAID JANUARY 7, 2000 </div>
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- Limited Liability Company name: esTel Network Services, LLC
(Must comply with Section 1-10 of ILLCA or article 2 below applies.)
- The assumed name, other than the true company name, under which the LLC proposes to transact business in Illinois is: XXXXXXXXXXXXXXXXXXXX
(If applicable, a form LLC-1, XXXXXXXXXXXX Name, is required to be completed and attached to this application.)
- Federal Employer Identification Number (F.E.I.N.): 52-2206908
- Jurisdiction of Organization: Mississippi
- Date of Organization: 12/10/99
- Period of Duration: perpetual
(See #14 on back)
- The address, including county, of the office required to be maintained in the jurisdiction of its organization, or if not required, of the principal place of business (Post office box alone and c/o are unacceptable):
667-D Highway 51 North

Number	Street	Suite
Ridgeland	MS 39157	
City/State	ZIP Code	County
- Registered agent: National Corporate Research, Ltd.

First Name	Middle Name	Last Name

 Registered Office: One West Old State Capital Plaza, Suite 805

Number	Street	Suite #

 (P.O. Box or c/o are unacceptable) Springfield Illinois 62701

City	County	ZIP Code
- The date on which this foreign LLC first did business in Illinois: upon qualification

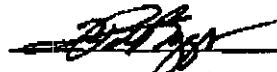
LLC-45.5

10. The purpose or purposes for which the company is organized and proposes to conduct in this State: Include the business code # (IRS Form 1065).

Provide Telecommunication Services

11. The limited liability company is managed by:
☒ manager(s)
☐ vested in member(s)
12. The Illinois Secretary of State is hereby appointed the agent of the limited liability company for service of process under the circumstances set forth in a subsection (b) of Section 1-50 of the ILLCA.
13. This application is accompanied by a certificate of good standing or existence, as well as a copy of the articles of organization, as amended, duly authenticated within the last thirty (30) days, by the officer of the state or country wherein the LLC is formed.
14. If the period of duration is a date certain and is not stated in the Articles of Organization from the domestic state, a copy of that page from the Operating Agreement stating the date must also be submitted.
15. The undersigned affirms, under penalties of perjury, having authority to sign hereto, that this application for admission to transact business is to the best of my knowledge and belief, true, correct and complete.

Dated 12/20, 19 99.


 (Signature must comply with Section 5-45 of ILLCA)
T. Patricia Rogers, MANAGER
 (Type or print name and title)

(If applicant is a company or other entity, state name of company and indicate whether it is a member or manager of the LLC.)